



## Managing the symptoms of colds and flu

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Patients suffering from a cold or influenza (flu) present with very similar symptoms that may include a runny nose and/or stuffy nose, sneezing, headache, sore throat, chest tightness, coughing, fatigue and general aches and pains. These symptoms are usually mild to moderate and self-limiting, resolving in three to seven days with or without treatment, with some residual symptoms lasting up to two weeks. Although there is no cure, appropriate treatment can alleviate symptoms and make patients feel much better.

### Decongestants

Patients with a blocked nose may benefit from decongestants. Decongestants narrow the blood vessels in the nose, shrink the mucosal membranes and improve mucus drainage, resulting in easier breathing. Decongestants are available as oral (tablets or syrups) and topical (nasal drops or sprays) preparations.

The oral use of decongestants such as pseudoephedrine and especially ephedrine, can keep patients awake, resulting in insomnia. They can also stimulate the heart, increase blood pressure and increase blood sugar levels and should therefore be used with caution in patients with heart disease, hypertension, hyperthyroidism and diabetes. Decongestants can interact with other medications and should be avoided in patients who take certain antidepressants (monoamine oxidase inhibitors such as phenelzine or moclobemide and tricyclic antidepressants).

Nasal decongestants such as oxymetazoline, phenylephrine and xylometazoline, are less likely to cause the side-effects and interactions seen with oral decongestant use. However, their use should be limited to three or four consecutive days as long-term use can result in rebound congestion, leaving the patient more congested when treatment is stopped.

### Antihistamines

The use of the older, first-generation antihistamines such as chlorpheniramine, diphenhydramine and promethazine may benefit patients who suffer from a runny nose by drying up secretions. They also relieve nasal itching, irritation and sneezing. Studies have shown little benefit when using antihistamines on their own, but they may offer some benefit for adults in combination with decongestants and cough suppressants.

These antihistamines can cause drowsiness and patients should be warned not to drive or operate machines when taking these medicines. However, it can be useful to improve sleep if taken at night. Due to its mucus-drying effect, antihistamines can cause thickening of mucus that can be problematic for patients with asthma.

Antihistamines can cause dry mouth, blurred vision, constipation and urinary retention and should be used with caution in patients with closed-angle glaucoma, men with an enlarged prostate gland, patients with epilepsy and those with liver disease. Patients using anticholinergics such as hyoscine or tricyclic antidepressants are at increased risk of developing these adverse effects and should use antihistamines with caution. Simultaneous use of alcohol, hypnotics and sedatives can worsen drowsiness and simultaneous use of these products should be avoided.

### Analgesics (pain medication)

Pain medication is useful for treatment of headaches, fever, sore throats, earache and general aches and pains. Paracetamol can be used for adults and children over one month of age. High doses of paracetamol can cause liver toxicity and it is important not to exceed the maximum recommended doses as per the manufacturer's prescribing information.

Aspirin should not be used in children younger than 16 years of age due to the risk of Reye's syndrome, a serious side-effect that affects the brain and liver. Aspirin can cause gastric irritation and should be avoided in patients with peptic ulcers and patients with bleeding disorders or taking blood thinners.

Other nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or diclofenac can also cause gastrointestinal irritation but to a lesser degree than aspirin. These anti-inflammatories should be avoided in patients with heart failure, renal impairment and during pregnancy. Aspirin and anti-inflammatories should also be used with caution in asthmatic patients.

### Points to consider

Mucolytics that loosen phlegm, such as bromhexine or acetylcysteine, can make it easier to clear mucus in productive coughs and relieve sinus pressure in patients with a post-nasal drip.

Nasal drops are preferred in younger children whilst nasal sprays are more effective in patients six years and older. It is preferable to use non-medicated nasal preparations such as saline nose drops for children younger than six months.

Since several combination products are available, it is important to enquire about all other medicines that a patient may be using in order to prevent duplication, overdose and

possible interactions. Always ensure adherence to the manufacturer's indications and dosing instructions.

### Conclusion

Although colds and flu cannot be cured, appropriate treatment can alleviate symptoms and relieve their discomfort.

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